

**TELEPHONE MEDICAL ADVICE SERVICES BUREAU**

1625 North Market Blvd., Suite S-209  
 Sacramento, CA 95834  
 (916) 574-7992  
 FAX (916) 574-8645



## Quarterly Report

Pursuant to Section 4999.8 of the Business and Professions Code and Section 4023 of the California Code of Regulations, registrants must file a Quarterly Report within 30 days of the end of each calendar quarter. Failure to do so will result in the registrant's inability to renew the registration, and possible disciplinary proceedings. Please make sufficient copies of this form to enable you to meet this requirement.

**Circle One:**    1<sup>st</sup> Quarter                      2<sup>nd</sup> Quarter                      3<sup>rd</sup> Quarter                      4<sup>th</sup> Quarter  
                          1/1 – 3/31                      4/1 – 6/30                      7/1 – 9/30                      10/1 – 12/31

<i>Please type or print legibly in ink</i>		Registration Number:
Name of Business (Registrant):		Area Code & Phone Number:
Address of Record:		
Mailing Address (If different than Address of Record):		
<b>PROVIDER UPDATE:</b> Check the box if there are no changes to last quarter's report, complete the certification below, and return this form to the above address. <i>If you did not check the box, then you must complete the Provider List, Form A-2, and attach it to this report to document changes to the listing of employees that provide telephone medical advice.</i>		
<b>REPORTING OF COMPLAINTS:</b> Complete the following statements regarding the complaints received during the calendar quarter for which this report is submitted. <ol style="list-style-type: none"> <li>Number of telephone medical advice complaints received _____</li> <li>Number of telephone medical advice complaints that involved health care professionals in other states _____</li> <li>Number of telephone medical advice complaints referred to licensing entities in California and other states _____</li> </ol>		
<b>CERTIFICATION:</b> I certify under penalty of perjury under the laws of the State of California that all statements made in this report and on any supporting documents or attachments that pertain to this report are true and correct. In addition, I certify that all individuals listed on Form A2 are appropriately licensed, certified, or registered and are operating consistent with the laws governing their respective scopes of practice, and that the telephone medical advice provided is consistent with good professional practice. The certification below must be completed by one of the individuals that signed the application for initial registration.		
Print Name:		Print Title
Signature:		Date: